



# Alaska Pregnancy Risk Assessment Monitoring System

*A Survey of the Health of Mothers and Babies in Alaska*



Please complete the survey and mail in the enclosed postage paid envelope.

Your help is voluntary and your answers are completely confidential.

Your answers will help us improve the health of mothers and babies in Alaska.

For further information, please call:  
PRAMS staff 1-800-799-7570

First, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

1. *Just before* you got pregnant, did you have health insurance? (Do not count Medicaid).

- No  
 Yes

2. *Just before* you got pregnant, were you on Medicaid?

- No  
 Yes

3. In the month *before* you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?

- I didn't take a multivitamin at all  
 1 to 3 times a week  
 4 to 6 times a week  
 Every day of the week

4. What is your date of birth?

Month Day Year

5. *Just before* you got pregnant, how much did you weigh?

Pounds OR  Kilos

6. How tall are you without shoes?

Feet  Inches

OR  Centimeters

7. *Before* your new baby, did you ever have any other babies who were born alive?

- No → **Go to Question 10**  
 Yes

8. Did the baby born just before your new one weigh 5 pounds, 8 ounces (2.5 kilos) or less at birth?

- No  
 Yes

9. Was the baby just before your new one born *more* than 3 weeks before its due date?

- No  
 Yes

10. How old were you when you had your first menstrual period?

Years old

11. How old were you when you got pregnant with your first baby?

Years old

Next are some questions about the time just before your pregnancy with your *new* baby.

12. Thinking back to *just before* you got pregnant, how did you feel about becoming pregnant?

Check one answer

- I wanted to be pregnant sooner
- I wanted to be pregnant later
- I wanted to be pregnant then
- I didn't want to be pregnant then or at any time in the future

13. When you got pregnant with your new baby, were you trying to become pregnant?

No

Yes →

Go to Question 16

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm], and using birth control methods such as the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, having their tubes tied, or their partner having a vasectomy.)

No

Yes →

Go to Question 16

15. What were your or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check all that apply

- I didn't mind if I got pregnant
- I thought I could not get pregnant at that time
- I had side effects from the birth control method I was using
- I had problems getting birth control when I needed it
- I thought my husband or partner or I was sterile (could not get pregnant at all)
- My husband or partner didn't want to use anything
- Other → Please tell us:

\_\_\_\_\_

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at a calendar when you answer these questions.)

16. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

\_\_\_\_\_ Weeks OR \_\_\_\_\_ Months

I don't remember

**17. How many weeks or months pregnant were you when you had your first visit for prenatal care?** (Don't count a visit that was only for a pregnancy test or only for WIC [the Special Supplemental Nutrition Program for Women, Infants, and Children].)

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

I didn't go for prenatal care

**18. Did you get prenatal care as early in your pregnancy as you wanted?**

- No  
 Yes →  
 I didn't want prenatal care →

**Go to  
Question 20**

**19. Did any of these things keep you from getting prenatal care as early as you wanted?**

**Check all that apply**

- I couldn't get an appointment earlier in my pregnancy  
 I didn't have enough money or insurance to pay for my visits  
 I didn't know that I was pregnant  
 I had no way to get to the clinic or doctor's office  
 The doctor or my health plan would not start care earlier  
 I didn't have my Medicaid card  
 I had no one to take care of my children  
 I had too many other things going on  
 Other → Please tell us:

\_\_\_\_\_

**If you did not go for prenatal care, go to Page 4, Question 23.**

**20. Where did you go *most of the time* for your prenatal visits?** (Do not include visits for WIC.)

**Check one answer**

- Hospital clinic  
 Health department clinic  
 Private doctor's office or HMO clinic  
 Military facility  
 Clinic for Alaska Natives  
 Other → Please tell us:

\_\_\_\_\_

**21. How was your prenatal care paid for?**

**Check all that apply**

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO  
 Military (including TRICARE)  
 Alaska Native Health Service or Native Regional Corporation  
 Other → Please tell us:

\_\_\_\_\_

**22. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below?** (Please count only discussions, not reading materials or videos.) For each item, circle **Y** (Yes) if someone talked with you about it or circle **N** (No) if no one talked with you about it.

- |  | No | Yes |
|--|----|-----|
| a. How smoking during pregnancy could affect your baby . . . . .                         | N  | Y   |
| b. Breastfeeding your baby . . . . .   | N  | Y   |
| c. How drinking alcohol during pregnancy could affect your baby . . . . .                | N  | Y   |
| d. Using a seat belt during your pregnancy . . . . .                                     | N  | Y   |
| e. Birth control methods to use after your pregnancy . . . . .                           | N  | Y   |
| f. Medicines that are safe to take during your pregnancy . . . . .                       | N  | Y   |
| g. How using illegal drugs could affect your baby . . . . .                              | N  | Y   |
| h. Doing tests to screen for birth defects or diseases that run in your family . . . . . | N  | Y   |
| i. What to do if your labor starts early . . . . .                                       | N  | Y   |
| j. Getting your blood tested for HIV (the virus that causes AIDS) . . . . .              | N  | Y   |
| k. Physical abuse to women by their husbands or partners . . . . .                       | N  | Y   |

**23. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?**

- No  
 Yes

**The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.**

**24. During your pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?**

- No  
 Yes

**25. Did you have any of these problems during your pregnancy?** For each item, circle **Y** (Yes) if you had the problem or circle **N** (No) if you did not.

- |  | No | Yes |
|--|----|-----|
| a. Labor pains more than 3 weeks before your baby was due (preterm or early labor) . . . . .               | N  | Y   |
| b. High blood pressure (including preeclampsia or toxemia) or retained water (edema) . . . . .             | N  | Y   |
| c. Vaginal bleeding . . . . .  | N  | Y   |
| d. Problems with the placenta (such as abruptio placentae, placenta previa) . . . . .                      | N  | Y   |
| e. Severe nausea, vomiting, or dehydration . . . . .   | N  | Y   |
| f. High blood sugar (diabetes) . . . . .   | N  | Y   |
| g. Kidney or bladder (urinary tract) infection . . . . .   | N  | Y   |
| h. Water broke more than 3 weeks before your baby was due (premature rupture of membranes, PROM) . . . . . | N  | Y   |
| i. Cervix had to be sewn shut (incompetent cervix, cerclage) . . . . .                                     | N  | Y   |
| j. You were hurt in a car accident . . . . .   | N  | Y   |

**If you did not have any of these problems, go to Question 27.**

**26. Did you do any of the following things because of these problem(s)?**

**Check all that apply**

- I went to the hospital or emergency room and stayed less than 1 day
- I went to the hospital and stayed 1 to 7 days
- I went to the hospital and stayed more than 7 days
- I stayed in bed at home more than 2 days because of my doctor's or nurse's advice

**The next questions are about smoking cigarettes and drinking alcohol.**

**27. Have you smoked at least 100 cigarettes in the past 2 years?** (A pack has 20 cigarettes.)

- No →
- Yes

**Go to Question 31**

**28. In the 3 months before you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day?** (A pack has 20 cigarettes.)

\_\_\_\_\_ Cigarettes **OR** \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

**29. In the last 3 months of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day?**

\_\_\_\_\_ Cigarettes **OR** \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I didn't smoke
- I don't know

**30. How many cigarettes or packs of cigarettes do you smoke on an average day *now*?**

\_\_\_\_\_ Cigarettes **OR** \_\_\_\_\_ Packs

- Less than 1 cigarette a day
- I don't smoke
- I don't know

**31. Have you had any alcoholic drinks in the past 2 years?** (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)

- No →
- Yes

**Go to Page 6, Question 34**

**32. a. During the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

**b. During the 3 months before you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?**

Times

- I didn't drink then
- I don't know

**33. a. During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- I didn't drink then
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 drinks or more a week
- I don't know

**b. During the last 3 months of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?**

Times

- I didn't drink then
- I don't know

**Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.**

**34. This question is about things that may have happened during the 12 months before your new baby was born.** For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

	No	Yes
a. A close family member was very sick and had to go into the hospital . . . . .	N	Y
b. You got separated or divorced from your husband or partner . . . .	N	Y
c. You moved to a new address . . . .	N	Y
d. You were homeless . . . . .	N	Y
e. Your husband or partner lost his job . . . . .	N	Y
f. You lost your job even though you wanted to go on working . . . .	N	Y
g. You argued with your husband or partner more than usual . . . . .	N	Y
h. Your husband or partner said he didn't want you to be pregnant . . . . .	N	Y
i. You had a lot of bills you couldn't pay . . . . .	N	Y
j. You were in a physical fight . . . .	N	Y
k. You or your husband or partner went to jail . . . . .	N	Y
l. Someone very close to you had a bad problem with drinking or drugs . . . . .	N	Y
m. Someone very close to you died . . . . .	N	Y

35. a. *During the 12 months before you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*

- No  
 Yes

b. *During the 12 months before you got pregnant, did anyone else physically hurt you in any way?*

- No  
 Yes

36. a. *During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?*

- No  
 Yes

b. *During your most recent pregnancy, did anyone else physically hurt you in any way?*

- No  
 Yes

37. **How would you describe the time during your pregnancy?**

Check one answer

- One of the happiest times of my life  
 A happy time with few problems  
 A moderately hard time  
 A very hard time  
 One of the worst times of my life

**The next questions are about your labor and delivery.** (It may help to look at the calendar when you answer these questions.)

38. **When was your baby due?**

\_\_\_\_\_  
 Month                  Day                  Year

39. **When did you go into the hospital to have your baby?**

\_\_\_\_\_  
 Month                  Day                  Year

- I didn't have my baby in a hospital

40. **When was your baby born?**

\_\_\_\_\_  
 Month                  Day                  Year

41. **When were you discharged from the hospital after your baby was born?**  
 (It may help to use the calendar.)

\_\_\_\_\_  
 Month                  Day                  Year

- I didn't have my baby in a hospital

42. After your baby was born, was he or she put in an intensive care unit?

- No  
 Yes  
 I don't know

43. After your baby was born, how long did he or she stay in the hospital?

- Less than 24 hours (Less than 1 day)  
 24–48 hours (1–2 days)  
 3 days  
 4 days  
 5 days  
 6 days or more  
 My baby was not born in a hospital  
 My baby is still in the hospital

44. How was your delivery paid for?

**Check all that apply**

- Medicaid  
 Personal income (cash, check, or credit card)  
 Health insurance or HMO  
 Military (including TRICARE)  
 Alaska Native Health Service or Native Regional Corporation  
 Other → Please tell us:

---

The next questions are about the time since your new baby was born.

45. What is today's date?

Month

Day

Year

46. Is your baby alive now?

- No  
 Yes →

**Go to Question 48**

47. When did your baby die?

Month

Day

Year

**Go to Page 10, Question 60**

48. Is your baby living with you now?

- No →  
 Yes

**Go to Page 10, Question 60**

49. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

- No →  
 Yes

**Go to Question 53**

50. Are you still breastfeeding or feeding pumped milk to your new baby?

No

Yes → **Go to Question 52**

51. How many weeks or months did you breastfeed or pump milk to feed your baby?

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

Less than 1 week

52. How old was your baby the first time you fed him or her anything besides breast milk? (Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.)

\_\_\_\_\_ Weeks **OR** \_\_\_\_\_ Months

My baby was less than one week old

I have not fed my baby anything besides breast milk

**If your baby is still in the hospital, go to Page 10, Question 60.**

53. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

\_\_\_\_\_ Hours

Less than one hour a day

My baby is never in the same room with someone who is smoking

54. How do you *most often* lay your baby down to sleep now?

**Check one answer**

On his or her side

On his or her back

On his or her stomach

55. Was your baby seen by a doctor, nurse, or other health care provider in the first week after he or she left the hospital?

No → **Go to Question 57**

Yes

56. Was your new baby seen at home or at a health care facility?

At home

At a doctor's office, clinic, or other health care facility

57. Has your baby had a well-baby checkup?

No → **Go to Page 10, Question 60**

Yes

58. How many times has your baby been to a doctor or nurse for a well-baby checkup? (It may help to use the calendar.)

\_\_\_\_\_ Times

**59. Where do you usually take your baby for well-baby checkups?**

Check one answer

- Hospital clinic
- Health department clinic
- Private doctor's office or HMO clinic
- Military facility
- Clinic for Alaska Natives
- Other → Please tell us:

**60. Are you or your husband or partner doing anything *now* to keep from getting pregnant?** (Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

(Some things people do to keep from getting pregnant include having their tubes tied or their partner having a vasectomy, using birth control methods like the pill, Norplant®, shots [Depo-Provera®], condoms, diaphragm, foam, IUD, and not having sex at certain times [rhythm].)

- No
- Yes →

Go to Question 62

**61. What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?**

Check all that apply

- I am not having sex
- I want to get pregnant
- I don't want to use birth control
- My husband or partner doesn't want to use anything
- I don't think I can get pregnant (sterile)
- I can't pay for birth control
- I am pregnant now
- Other → Please tell us:

**The next questions are about your family and the place where you live.**

**62. Which rooms are in the house, apartment, or trailer where you live?**

Check all that apply

- Living room
- Separate dining room
- Kitchen
- Bathroom(s)
- Recreation room, den, or family room
- Finished basement
- Bedrooms → How many?

**63. Counting yourself, how many people live in your house, apartment, or trailer?**

Adults (people aged 18 years or older)

Babies, children, or teenagers (people aged 17 years or younger)

**64. Do you have a telephone in your home that has been working (in service) for the past month?**

- No
- Yes

**65. What were the sources of your household's income during the past 12 months?**

**Check all that apply**

- Paycheck or money from a job
- Aid such as Alaska Temporary Assistance Program (ATAP), welfare, public assistance, general assistance, food stamps, or Supplemental Security Income (SSI)
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, veteran benefits, or pensions
- Money from a business, fees, dividends, or rental income
- Money from family or friends
- Other → Please tell us:

**66. At any time during your pregnancy or after delivery, did a doctor, nurse, or other health care worker talk with you about "baby blues" (postpartum depression)?**

- No
- Yes

**67. In the months after your delivery, would you say that you were—**

**Check one answer**

- Not depressed at all →
- A little depressed
- Moderately depressed
- Very depressed

**Go to Question 69**

**68. Since you delivered your new baby, have either of the following things happened?**

For each thing, circle **Y** (Yes) if it has happened to you or **N** (No) if it has not.

**No    Yes**

- a. I wanted to see a professional about my depression . . . . . N    Y
- b. I went to see a professional about my depression . . . . . N    Y

**69. Have you ever heard or read about what can happen if a baby is shaken?**

- No
- Yes

**70. During any of the following time periods, did you smoke marijuana or hash?**

For each time period, circle **Y** (Yes) if you smoked then or **N** (No) if you did not smoke then.

**No    Yes**

- a. During the 12 months before you got pregnant . . . . . N    Y
- b. During your most recent pregnancy . . . . . N    Y
- c. Since your new baby was born . . . N    Y

**71. During any of the following time periods, did you use cocaine or crack?**

For each time period, circle **Y** (Yes) if you used then or **N** (No) if you did not use then.

**No    Yes**

- a. During the 12 months before you got pregnant . . . . . N    Y
- b. During your most recent pregnancy . . . . . N    Y
- c. Since your new baby was born . . . N    Y

**If your baby is not alive or is not living with you now, go to Question 77.**

**72. How often does your new baby sleep in the same bed with you or anyone else?**

- Always
- Almost always
- Sometimes
- Rarely
- Never

→ **Go to Question 74**

**73. How many other people sleep in the bed with your new baby?**

- One
- Two
- Three or more

**74. Are you currently in school or working outside the home?**

- No
- Yes

→ **Go to Question 77**

**75. Who usually takes care of your new baby when you go to work or school?**

**Check one answer**

- My husband or partner
- Baby's teenage (13 years or older) brother or sister
- Baby's preteen (12 years or younger) brother or sister
- Other close relative
- Friend or neighbor
- Babysitter, nanny, or other child care provider
- Staff at a day-care center
- Other → Please tell us:

---

**76. When you leave your new baby to go to work or school, how often do you feel that she or he is well cared for?**

**Check one answer**

- Always
- Almost always
- Sometimes
- Rarely
- Never

**77. During any of the following time periods, did your husband or partner threaten you, limit your activities against your will, or make you feel unsafe in any other way?**

For each time period, circle **Y** (Yes) if it has happened to you or **N** (No) if it has not.

**No    Yes**

- a. During the 12 months before you got pregnant . . . . . N    Y
- b. During your most recent pregnancy . . . . . N    Y
- c. Since your new baby was born . . . N    Y

**78. During any of the following time periods, did you use smokeless tobacco (chew or snuff)?** For each time period, circle **Y** (Yes) if you used then or **N** (No) if you did not use then.

**No    Yes**

- a. During the 12 months before you got pregnant . . . . . N    Y
- b. During your most recent pregnancy . . . . . N    Y
- c. Since your new baby was born . . . N    Y

**If you have not had any alcoholic drinks in the past two years, go to Question 81.**

**79. Since your new baby was born, how many alcoholic drinks do you have in an average week?** (A drink is one glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.)

- I don't drink
- Less than 1 drink a week
- 1 to 3 drinks a week
- 4 to 6 drinks a week
- 7 to 13 drinks a week
- 14 or more drinks a week
- I don't know

**80. Since your new baby was born, how many times have you had 5 alcoholic drinks or more at one sitting?**

Times

- I don't drink
- I don't know

**If you do not currently smoke, go to Page 14, Question 84.**

**81. Would you like to completely quit smoking within the next 6 months?**

- No → **Go to Page 14, Question 84**
- Yes

**82. Listed below are some reasons that discourage people from quitting smoking.** Please circle **Y** (Yes) if it is a reason for you or **N** (No) if it is not a reason.

- |   | No | Yes |
|---|----|-----|
| a. Cost of medicines, products, or classes to help you quit . . . . . | N  | Y   |
| b. Fear of gaining weight . . . . .                                   | N  | Y   |
| c. Loss of a way to handle stress . . . . .                           | N  | Y   |
| d. Other people around me smoke . . . . .                             | N  | Y   |
| e. Craving for a cigarette . . . . .                                  | N  | Y   |
| f. Lack of support from others to quit smoking . . . . .              | N  | Y   |
| g. Some other reason . . . . .  | N  | Y   |
- Please tell us:

**83. If you were trying to quit smoking and cost were not an issue, would you use any of the following programs, products, or medicines to help you quit?** For each thing, circle **Y** (Yes) if you would use it or **N** (No) if you would not.

- |   | No | Yes |
|---|----|-----|
| a. Nicotine patch, gum, nasal spray, or inhaler . . . . .       | N  | Y   |
| b. Zyban, or other non-nicotine prescription medicine . . . . . | N  | Y   |
| c. A quit smoking class or group . . . . .                      | N  | Y   |
| d. Books, pamphlets, videotapes, or audiotapes . . . . .        | N  | Y   |
| e. A telephone helpline to quit smoking . . . . .               | N  | Y   |
| f. Something else . . . . .                                     | N  | Y   |
- Please tell us:

**84. Please check your total income for last year. Include all money your household received.**

Check one answer

- \$10,000 or less
- \$10,001–\$15,000
- \$15,001–\$20,000
- \$20,001–\$25,000
- \$25,001–\$30,000
- \$30,001–\$35,000
- \$35,001–\$40,000
- \$40,001–\$45,000
- \$45,001–\$50,000
- \$50,001–\$55,000
- \$55,001–\$60,000
- More than \$60,000

**85. How many people, including yourself, depended on this income?**

People

**Please use this space for any additional comments you would like to make about the health of mothers and babies in Alaska.**

*Thanks for answering our questions!*

*Your answers will help us work to make Alaska mothers and babies healthier.*



Division of Public Health  
Section of Maternal, Child and Family Health  
PO Box 240249  
Anchorage, AK 99524-0249  
3601 C Street, Suite 934